FEC

STATEMENT OF

| FORM 1 | ORGANIZ | ATION | | |
|-------------------------------|---|---|-----------------|---------------------------------|
| i Ortivi i | (See instructi | ons) | | Office use only |
| NAME OF COMMITTEE (in | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | 1 1 |
| Mortgage Bai | nkers Association Political Actio | n Committee | | |
| | | | | |
| ADDRESS (number and | 1717 Rhode Island | Ave NW | 11111 | |
| (Check if address is changed) | Suite 400 | | | |
| | Washington | | DC | |
| | | CITY | STATE▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MA | AIL ADDRESS (Please provide only one e | * | | |
| (Check if address is changed) | PHilliar@mortgage | bankers.org | | |
| | | | | |
| COMMITTEE'S WEE | B PAGE ADDRESS (URL) | | | |
| (Check if address | N/A | | 11111 | 11111111 |
| is changed) | 1,,,,,,, | | | |
| 2. DATE 0.0 | M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | | |
| | ATION NUMBER | C C00004812 | | |
| 4. IS THIS STATE | MENT NEW (N) OR | X AMENDED (A) | | |
| 4. IS THIS STATE | MENT NEW (N) OR | AIMLINDED (A) | | |
| I certify that I have exan | nined this Statement and to the best of my kn | nowledge and belief it is true, correc | et and complete | |
| | f Treasurer Stephen O'Con | nor | | |
| Type or Print Name of | Treasurer Stephen Com | iioi | | |
| Signature of Treasure | er Electronically Filed by Stephen | O'Connor | Date 06 | |
| NOTE: Submission of fa | alse, erroneous, or incomplete information m | ay subject the person signing this s | • | |
| Office | | For further informati | | |
| Use Only | | Federal Election Com Toll Free 800-424-953 | mission | FEC FORM 1 (Revised 02/2009) |